Rocky Hill Baptist Church
Mother's Day Out Ministry

7409 Northshore Drive ♦ Knoxville, TN 37919
Phone 865-691-7685
www.rockyhillchurch.org

STUDENT HEALTH FORM

Please complete the following information, which will be made available only to the MDO Director and staff. Please relate any appropriate concerns that may affect your child's learning abilities to the Director and the child's teacher.

Student's Name: ____Date of Birth: ________________________
Last   First   Middle

Father's Name: ____Mother's Name: ____________________________

Current Physician: ______________________________________Phone: __________________________________

Current Dentist: ___________________________________ Phone: ______________________________________

Health Conditions (Please check if any of the following apply to your child).

________Abnormal Spinal Curvature
________Allergies or Hay Fever
________Anemia
________Arthritis
________Asthma
________Behavior Problems
________Birth or Congenital Malformation
________Cancer, type ___________
________Chicken Pox
________Constipation (frequent)
________Cystic Fibrosis
________Diabetes
________Diarrhea (frequent)
________Eczema
________Emotional Problems
________Headaches (frequent)
________Heart Disease
________Hepatitis
________Kidney Disease
________Learning Disability
________Meningitis or Encephalitis
________Seizures/Epilepsy
________Sickle Cell Disease
________Skin Rashes (frequent)
________Stool Soiling
________Throat Infections (frequent)
________Tics/Nervous Twitches
________Urinary Tract Infection
________Wetting (daytime/nighttime)

If you check any of the above, please explain. ____

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Does your child have frequent ear infections? Yes No
Has your child had any reduction in hearing? Yes No
Does your child wear glasses or contact lenses? Yes No
Does your child have any known allergies? Yes No

If yes, please explain type of allergies and type of reaction.____

Has your child had any severe injuries or illnesses? Yes No If yes, please explain ___________________________

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Has your child had any surgeries or been hospitalized? Yes No If yes, please explain ___________________________

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